FITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF OS/31/06)								
CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT				
INPATIENT	47,471	63,382	382,464	\$255,055,589.98				
OUTPATIENT	206,963	711,356	4,858,649	\$150,695,705.02				
CHILD PART HOSP	0	0	0	\$0.00				
CHILD DAY TREATMENT	0	0	0	\$0.00				

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICAID MANAGEMENT INFORMATION SYSTEM

CHILD DAY TREATMENT ADULT PART HOSP ADULT DAY TREATMENT SKILLED NURSING FACILITY 2,201 INTERMEDIATE CARE FACILITY 19.523 INTER CARE MENTAL RETARDA

IAMM2200-R003 (MR-0-12)

NURSING FAC FOR MENTAL ILL

LEAD INSPECTION AGENCY

MEP CASE MANAGEMENT

AMBULANCE SERVICES

PRESCRIBED DRUGS

TOMA PLAN PROGRAM

EPSDT SCREENING

PATIENT MANAGEMENT

MEDICAL SUPPLIES

OTHER PRACTITIONER

FAMILY PRESERVATION

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

ELDERLY WAIVER SERVICES

PODIATRIC

CHIROPRACTIC

DRUG CAPITATION

LAB AND RADIOLOGICAL

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

ILL & HANDICAPPED WAIVER SVCS

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

EARLY ACCESS SERVICES

HOME HEALTH

CLINIC SERVICES

PHYSICIAN

AS OF 05/31/06

2,341 46 24,332 79

303,372

73,121

291,435

18,001

351,081

86,018

7.871

187,248

9,066

54,477

52,887

6,151

5

1,245

2,153

133,447

82,717

26,848

17.856

604

699

9.687

2,889

9,543

9,835

2,382

214

47

0

0

- 3

9 56,713

4.032

15,794 3,125 3,230

30,289 28.222

125,233 99 2,401,098 236,656 Π 113,762 39,008 26,058

9,961,086

34,752

161,158

57.962

156,788

324,937

305,269

47,981

11,862

23,007

283,936

133,834

145,302

51.413

5,953

12,473

52.044

23,781

160,666

173,060

28,170

900

586

1,383,187

3,063,871

0

Π

460

0

17

4,889

152.062

24,834

729,947 13,658 1.989.951 103 3,247,791 231,886 п 237,977 676.712 25,591 3,049,051 22.065 5,277,244

0

Π

34,565

3,063,871

160,930

1,383,100

14.589.126

156,788

647,240

408,471

56,346

412,774

288,470

141,912

184,569

63,793

159,408

348,074

67.772

671,863

12,669

34,368

6,190,013

3,388,148

896.896

57.947

- 0

213

65,299

4.374.311

\$16,517,928.38

\$373,224,403.82 \$228,810,351.14 \$3,343,133.99 \$75,229,891,26

\$37,054.38 \$160,499,412.98 \$27,440,885.51 \$5,304.55 \$3,736,795.36 \$34,899,305,77 \$2,876,086.45 \$21,828,062.96 \$464,163.22

\$319,492,591.93

PAGE

RUN DATE 06/01/06

1

\$305.00-

\$2,559.39

\$2,015,391.77 \$88,928,204.81 \$0.00 \$862.69-\$11,112,693.68 \$8,763,188.69 \$2,766,200.00 \$6,695,624.92 \$32,529,360,69

\$14,116,307.18

\$12,048,510.79

\$2,434,652.73

\$26,237,126.57

\$38,682,753.15

\$7,260,082.26

\$4,710,073.37

\$2,029,370,56

\$2,007,860.56

\$8,860,543.69

\$2,161,583.92

\$5,024,732.22

\$465,460.91

\$330,622.47

\$220,454,705.43

\$37,787,065.87

\$14,438,819,95

\$13,222,28

\$6.17

\$0.00

IAN	M22	:00-	R003	(MR-O-12)
AS	OF	05/	31/06	

UNASSIGNED

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 RUN DATE 06/01/06

> TOTAL PAYMENT

\$23,923,673.41

\$2,249,809,169.54

\$146,726.91-

\$0.00

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 05/31/06)

2

107,345 0

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
COUNTY OFFICE REIMBURSEMENT	0	0	0
MEP SERVICES	11,315	101,007	107,345

103

UNASSIGNED 20.683.417 58,709,375 *** END OF REPORT ***